Image# 13961682082 PAGE 1 / 65

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		or Other Than I	an Authorized	Committe	e		Office Use Only
1. NAME C	DF TEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	
America	n Academy of	Family Physici	ans Political	Action Co	ommittee		
ADDRESS (n	number and street)	1133 Connecticut A	Avenue, NW				
Che	ck if different	Suite 1100					
than	previously prted. (ACC)	Washington				DC	20036
2. FEC IDI	ENTIFICATION NU	IMBER ▼	CITY 🛦		S	STATE A	ZIP CODE ▲
C	C00411553		3. IS THIS REPORT		IEW N) OR	× AM (A)	ENDED
4. TYPE (Choose	OF REPORT One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		Nov 20 (M11) (Non-Election Year Only)
(a) Qua	rterly Reports:		Mar 20 (M3)		Jun 20 (M6)	Н.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
П	April 15		Apr 20 (M4)	J	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
H	Quarterly Report (Q July 15	(C) 12-Day	ction	Primary (12P)	General (12G) Runoff (12R)
H	Quarterly Report (Q October 15	2) Report for	or the:	Convention (12C)	Special (1	12S)
Н	Quarterly Report (Q January 31		Election on	M = M /	D D /	Y Y Y Y	in the State of
ō	Year-End Report (Y July 31 Mid-Year Report (Non-election	(d) 30-Day		Canaral (000	.,	D # (0	
-	Year Only) (MY) Termination Report	POST-E Report for		General (300	1)	Runoff (3	OR) Special (30S)
Ш	(TER)		Election on	11 /	06	2012	in the State of KS
5. Covering	Period 10		2012	through	11_	/ D D /	2012
I certify that	I have examined thi	is Report and to the	best of my kno	wledge and b	pelief it is true	e, correct and	complete.
Type or Print	Name of Treasurer	Randell K. Wexler	, MD				
Signature of	Treasurer Rande	ell K. Wexler, MD		[Electronically	Filed] Da	ate 04	19 / 2013
NOTE: Submi	ssion of false, errone	eous, or incomplete in	nformation may su	ubject the pers	son signing thi	s Report to th	e penalties of 2 U.S.C. §437g.
l Us	iice se						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 10 18 2012 To: 11 26 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		337366.19
	(b) Cash on Hand at Beginning of Reporting Period	353041.00	
	(c) Total Receipts (from Line 19)	49923.32	446092.14
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	402964.32	783458.33
7.	Total Disbursements (from Line 31)	22629.48	403123.49
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380334.84	380334.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
contributions (other than loans) From:	10101 11110 1 01100	- Calondar Four to Buto
Than Political Committees		
(i) Itemized (use Schedule A)	33440.64	307380.78
(ii) Unitemized	15761.62	130626.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	49202.26	438007.64
,	0.00	0.00
(such as PACs)	0.00	0.00
Totals to Line 33, page 5)▶	49202.26	438007.64
	, 0.00	0.00
Il Loans Received	0.00	0.00
1 1	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	721.06	8084.50
		0004.00
	0.00	0.00
	7	3.00
·	0.00	0.00
ransfers from Non-Federal and Levin Funds		
(from Schedule H3)	0.00	0.00
b) Levin Funds (from Schedule H5)	0.00	0.00
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calchaal Ical-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7	
Expenditures	714.48	7141.99
(c) Total Operating Expenditures	714.40	7141 00
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	714.48	7141.99
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	20500.00	390500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	7 7	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	, , , , , , , , , , , , , , , , , , , ,	
Than Political Committees	1415.00	4660.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	1415.00	4660.00
Other Disbursements	0.00	821.50
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
בוווס ססנמונון, ססנמונון מווע ססנטון		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22629.48	403123.49
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	22629.48	403123.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	49202.26	438007.64
4. Total Contribution Refunds (from Line 28(d))	1415.00	4660.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47787.26	433347.64
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	714.48	7141.99
. Offsets to Operating Expenditures (from Line 15, page 3)	721.06	8084.50
Net Operating Expenditures (subtract Line 37 from Line 36)	-6.58	-942.51

1mage# 13961682087 PAGE 6 / 65

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA

Transaction ID:

Amended to reflect removal of incorrectly entered duplicate donation.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE		7	OF		65				
(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee			
Full Name (Last, First, Middle Initial) Patricia Park Ahlen MD Mailing Address 409 Spyglass Dr		Date of Receipt			
City Eugene	State Zip Code OR 97401-2082	10 22 2012 Transaction ID : C1853500			
FEC ID number of contributing federal political committee.	C 37401-2002	Amount of Each Receipt this Period 250.00			
Name of Employer Self Employed	Occupation Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Kelly Alberda MD Mailing Address 1425 Gorham St	elly Alberda MD				
City Austin	State Zip Code TX 78758-3760	Transaction ID : C1853210 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer Seton Family of Doctors	Occupation Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) C. Kelly Alberda MD	•	Date of Receipt			
Mailing Address 1425 Gorham St	Otata Za Osala	11 20 2012			
City Austin	State Zip Code TX 78758-3760	Transaction ID : C1868977 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer Seton Family of Doctors	Occupation Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optional	al)	310.00			
TOTAL This Period (last page this line nun	nber only)				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF		65
(check only one)										
	11a		11b		11c		12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Janet R Albers MD		Date of Receipt
Mailing Address 612 Woodbridge Rd		11 04 2012
City	State Zip Code IL 62711-5666	Transaction ID : C1861836
Springfield	IL 62711-5666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
SIU Family Medicine Ctr	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Suzanne M Allen MD		Date of Receipt
Mailing Address 2889 S Swallowtail Ln		M M / D D / Y Y Y Y Y
City	State Zip Code	10 22 2012 Transaction ID : C1853502
Boise	ID 83706-6139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
University of Washington School of Med	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) C. Brent Michael Allmon MD		Date of Receipt
Mailing Address 143 N Concord Valley Cir		11 21 2012
City The Woodlands	State Zip Code TX 77382-1390	Transaction ID : C1870184 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Greater Houston Physicians Medical Ass	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1120.00
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF		65	
ı	(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. Brian S Bacak MD Mailing Address 9832 Florence PI		Date of Receipt
City	State Zip Code	10 23 2012 Transaction ID : C1856714
Highlands Ranch FEC ID number of contributing	CO 80126-3559	Amount of Each Receipt this Period
federal political committee.	C	365.00
Name of Employer	Occupation	
University of Colorado Receipt For:	Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 3. Jennifer Bacani McKenney MD		Date of Receipt
Mailing Address 1525 Madison St Ste 3		10 24 2012
City	State Zip Code KS 66736-1704	Transaction ID : C1858069
Fredonia FEC ID number of contributing	00.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed Receipt For:	Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C. Frederic Baker MD		Date of Receipt
Mailing Address 32 Mark Cir		11 05 2012
City Holden	State Zip Code MA 01520-1410	Transaction ID : C1888063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
UMMHC	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	610.00	
SUBTOTAL of Receipts This Page (optional)		790.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the

	R LINE	PAGE		10 C	F	65					
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Tom Banning Date of Receipt Mailing Address Exec Vice Pres TX AFP 12012 Technology Blvd Ste 200 10 2012 18 City Zip Code State Transaction ID: C1850437 Austin TX 78727-6207 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation TX AFP CEO-EVP Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orrin Barbe MD Date of Receipt Mailing Address 120 W 16th St 2012 11 12 City State Zip Code Transaction ID: C1862182 Mountain Grove MO 65711-1039 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Mercy Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steve Bartz Md Bartz MD Date of Receipt Mailing Address 1939 Pine Ridge Dr 2012 10 31 City Zip Code State Transaction ID: C1861165 WI Janesville 53545-0777 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Physician Mercy Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

495.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	•	11	OF	65
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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Gordon Hugh Baustian MD		Date of Receipt
Mailing Address 3864 Lost Valley Rd SE		11 12 2012
City	State Zip Code	Transaction ID : C1862283
Cedar Rapids	IA 52403-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
MCHSI	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	865.00	
Full Name (Last, First, Middle Initial) Mikael Eugene Bedell MD		Date of Receipt
Mailing Address PO Box 1330		M = M / D = D / Y = Y = Y
114 Gardner Place	Otata 7' O '	10 31 2012
City	State Zip Code	Transaction ID : C1861198
Cascade	ID 83611-1330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Cascade Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Melissa Blair Behringer MD		Date of Receipt
Mailing Address 301 Governors Dr Sw		10 23 2012
City	State Zip Code	Transaction ID : C1856713
Huntsville	AL 35801-5123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
UAB School of Medicine/huntsville Regi	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate Teat-t0-Date ♥	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1115.00
TOTAL This Period (last page this line numbe	r only)	

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Use separate schedule(s) for each category of the	\ \ 	ck only	or	ne)							
Detailed Summary Page	<u> </u>	11a		11b	Ш	11c		12			
		13		14		15		16		-	17

	nd Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
, ,	y Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Salvatore Bernardo Md Bernardo I	MD	Date of Receipt
Mailing Address 131 Pin Oak Rd		10 23 2012
City	State Zip Code	Transaction ID : C1857153
Freehold	NJ 07728-9313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	35 5	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Salvatore Bernardo Md Bernardo	o MD	Date of Receipt
Mailing Address 131 Pin Oak Rd		10 24 2012
City	State Zip Code	Transaction ID : C1858173
Freehold	NJ 07728-9313	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)	•	Date of Receipt
Mailing Address 304 15Th Ave Se		Mam / Dan / Yayayay
PO Box 9037		10 22 2012
City	State Zip Code	Transaction ID : C1854059
Devils Lake	ND 58301-7000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Altru Clinic Lake region	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	l)	1365.00
TOTAL This Period (last page this line num	ber only)	
, , ,		

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	FOR LINE	NUMBER:	PAGE	13 OF	65
rate schedule(s)	(check only	one)			
category of the Summary Page	X 11a	11b	11c	12	
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	ng the name and address of any political committee	
American Academy of Fami	ily Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C1865369
Kingsport	TN 37664-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Quillen College of Medicine	Professor, Family Medicine	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Karla L Booker MD		Date of Receipt
Mailing Address 3945 Cranbrook Ct Nw		M = M / D = D / Y = Y = Y
City	State Zip Code	10 22 2012
Lilburn	GA 30047-2696	Transaction ID : C1854061 Amount of Each Receipt this Period
	000 11 2000	Amount of Lach neceipt this Fellod
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Morehouse	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 14670 Bel Aire Est		10 31 2012
City	State Zip Code	Transaction ID : C1861196
Coker	AL 35452-3514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Pickens County Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	865.00	
SUBTOTAL of Receipts This Page (option	nal)	965.00
, 3 (4)	<u>·</u>	
TOTAL This Period (last page this line nu	mber only)	

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(che	eck only	or	ne)						
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	13		14		15		16	;	17

NAME OF COMMITTEE (In Full)	ily Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Julia Lett Boothe MD Mailing Address 14670 Bel Aire Est		Date of Receipt
City	State Zip Code	11 12 2012 Transaction ID : C1866577
Coker	AL 35452-3514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Pickens County Medical Center	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	865.00	
Full Name (Last, First, Middle Initial) Robert C M Bourne MD		Date of Receipt
Mailing Address 1538 Dwight St		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	10 25 2012 Transaction ID : C1859275
Redlands	CA 92373-7013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.42
Name of Employer	Occupation	
Beaver Medical Group	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 304.20	
Full Name (Last, First, Middle Initial) June G Bredin MD		Date of Receipt
Mailing Address 4924 153rd PI SW		10 22 2012
City	State Zip Code	Transaction ID : C1853512
Edmonds	WA 98026-4435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Sate of Washington DSHS	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	440.00	
SUBTOTAL of Receipts This Page (option	al)	435.42
OTAL This Period (last page this line null	mber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Edmonds	cicians Political Action Committee State Zip Code WA 98026-4435	to solicit contributions from such committee.
federal political committee. Name of Employer Sate of Washington DSHS Receipt For: Primary Other (specify) Other	ccupation ysician gregate Year-to-Date ▼ 440.00	40.00
,	State Zip Code CT 06066-4830	Date of Receipt 10 22 2012 Transaction ID: C1853837 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Vernon Manor Receipt For:	ccupation dical Director gregate Year-to-Date ▼ 500.00	500.00

Full Name (Last, First, Middle Initial) Ellen Sandra Brull MD		Date of Receipt
Mailing Address 830 Arbor Ln		11 09 2012
City	State Zip Code	Transaction ID : C1864712
Glenview	IL 60025-3234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.40
Name of Employer	Occupation	
Family Medicine Associates of Lutheran	Physician	
Receipt For: Primary General Other (coecify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....

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623.40

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Angela Caffaratti MD Date of Receipt Mailing Address 345 Delegate Dr 2012 10 28 City Zip Code State Transaction ID: C1859245 OH Columbus 43235-1470 Amount of Each Receipt this Period FEC ID number of contributing 33.33 federal political committee. Name of Employer Occupation MT CARMEL MEDICAL GROUP **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 266.64 Other (specify) Full Name (Last, First, Middle Initial) B. Cory D Carroll MD Date of Receipt Mailing Address 1040 E Elizabeth St Ste 2 2012 11 17 City State Zip Code Transaction ID: C1875042 Fort Collins CO 80524-3952 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lee Marvin Carter MD Date of Receipt Mailing Address PO BOX 506 10 28 2012 City Zip Code State Transaction ID: C1860103 TN Huntingdon 38344-0506 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 153.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Physicians Political Action Commit	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Clifford Carty MD Mailing Address 6215 Windham Hill Run City Kingstowne FEC ID number of contributing federal political committee. Name of Employer Telegraph Corner Family Medicine, PC Receipt For: Primary General Other (specify)	State Zip Code VA 22315-3725 C Occupation Physician-Owner Aggregate Year-to-Date ▼ 365.00	Date of Receipt 10 22 2012 Transaction ID : C1853838 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Yushu Jack Chou MD Mailing Address 2691 E California Blvd City San Marino FEC ID number of contributing federal political committee. Name of Employer Southern California Permanente Medical Receipt For: Primary General Other (specify)	State Zip Code CA 91108-1404 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 10 23 2012 Transaction ID : C1856228 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Sharon Marie Colton MD Mailing Address PO Box 39 City Evarts FEC ID number of contributing federal political committee. Name of Employer Clover Park Clinic Receipt For: Primary Other (specify) Other (specify)	State Zip Code KY 40828-0039 C Occupation Physician Aggregate Year-to-Date ▼ 240.00	Date of Receipt 10 30 2012 Transaction ID : C1860214 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	895.00

FOR LINE NUMBER:					PAGE	1	18	OF	65
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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
,	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St		M = M / D = D / Y = Y = Y
OU Physicians Family Med		11 16 2012
City	State Zip Code	Transaction ID : C1875041
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.34
Name of Employer	Occupation	1
University of Oklahoma	Physician Faculty	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	gg.vgato Total to Date ▼	
Other (specify) ▼	3666.74	
Full Name (Last, First, Middle Initial) Patricia A Czapp MD		Date of Receipt
Mailing Address 102 Melvin Ave		10 18 2012
City	State Zip Code	Transaction ID : C1850438
Annapolis	MD 21401-1221	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	[C]	500.00
Name of Employer	Occupation	
Anne Arundel Medical Center	Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) John D Davis MD		Date of Receipt
Mailing Address 171 Honey Creek Ranch R	d	11 05 2012
City	State Zip Code	Transaction ID : C1861726
Hunt	TX 78024-3080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
FAMILY PRACTICE ASSOC, PA	PHYSICIAN	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	665.00	
SUBTOTAL of Receipts This Page (optional)		1198.34
TOTAL This Davied (Inc.)	or only)	
IVIAL ITIIS Period (last page this line numb	er only)	49 49 49 49 49

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial) John Eugene Delzell MD		Date of Receipt
Mailing Address 3901 Rainbow Blvd # 40	10	M = M / D = D / Y = Y = Y
St Francis Fam Prac Res	sidency	11 20 2012
City	State Zip Code	Transaction ID : C1868958
Kansas City	KS 66160-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
St Francis Fam Prac Residency	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) L Allen Dobson MD		Date of Receipt
Mailing Address 599 Jackson St		10 24 2012
City	State Zip Code	Transaction ID : C1858192
Mt Pleasant	NC 28124-9738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer		
Cabarrus Family Medicine		
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Shannon Brown Dowler MD		Date of Receipt
Mailing Address 107 Windgate PI		10 24 2012
City	State Zip Code	Transaction ID : C1858171
Asheville	NC 28805-1181	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Blue Ridge Community Health Services	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	

Use separate schedule(s) for each category of the **Detailed Summary Page**

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(check only one)									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Thomas P Fantes MD Date of Receipt Mailing Address 40 John Kesson Ln 10 25 2012 City State Zip Code Transaction ID: C1859229 RΙ Middletown 02842-4663 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doreen E Feldhouse MD Date of Receipt Mailing Address 1043 Sir James Ave 2012 11 80 City State Zip Code Transaction ID: C1862299 TN Dyersburg 38024-7344 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Family Care, PC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Richard Field Field Date of Receipt Mailing Address 2021 W Harbor Dr 2012 10 22 City Zip Code State Transaction ID: C1859230 ND **Bismarck** 58504-8913 Amount of Each Receipt this Period FEC ID number of contributing 100.00

180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

300.00

С

Occupation Physician

Aggregate Year-to-Date ▼

federal political committee.

Other (specify)

General

Name of Employer

Primary

MedCenterOne Receipt For:

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) James G Fieseher MD Date of Receipt Mailing Address 330 Borthwick Ave Ste 210 2012 10 31 City Zip Code State Transaction ID: C1861197 NH Portsmouth 03801-7111 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wanda D Filer MD Date of Receipt Mailing Address 510 Agua Ct 10 2012 31 City State Zip Code Transaction ID: C1865656 PA York 17403-3623 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Strategic Health Institute Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bradley P Fox MD Date of Receipt Mailing Address 5770 Ruhl Rd 2012 10 24 Zip Code City State Transaction ID: C1858184 PΑ Fairview 16415-2533 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation St. Vincent Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1080.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Jennifer Emma Frank MD		Date of Receipt
Mailing Address 1380 Lusitana St Ste 904		10 31 2012
City	State Zip Code	Transaction ID : C1861168
Honolulu	HI 96813-2448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
University of Hawaii	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Deborah Geismar Md Geismar MD		Date of Receipt
Mailing Address 822 Monroe St		11 01 2012
City	State Zip Code	Transaction ID : C1861492
Evanston	IL 60202-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Family Medicine Associates of Lutheran	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dennis Lynn Gingrich MD		Date of Receipt
Mailing Address HMC, FAMILY MEDICINE, H1 500 University Dr	54	10 24 2012
City	State Zip Code	Transaction ID : C1858185
Hershey	PA 17033-2360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Penn State University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1030.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

I/			
Α.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz MD		Date of Receipt
	Mailing Address 1600 Providence Dr		1,1 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : C1861813
	Waco	TX 76707-2261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Family Practice Center	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	5000.00	
В.	Full Name (Last, First, Middle Initial) Deborah V Goodwin MD		Date of Receipt
	Mailing Address 9521 Bottle Creek Ln		10 18 2012
	City	State Zip Code	Transaction ID : C1849978
	Las Vegas	NV 89117-0501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	
	Univ. Medical Center, Southern Nevada	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	riggregate Tour to Bate V	
	Other (specify) ▼	420.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Victoria Ann Gorski MD		Date of Receipt
	Mailing Address 3544 Jerome Ave		11 05 2012
	City	State Zip Code	Transaction ID : C1861728
	Bronx	NY 10467-1005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	
	Self Employed	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	riggiogalo Tour to Date (
	Other (specify) ▼	250.00	
H	SUBTOTAL of Receipts This Page (optional)	<u></u>	600.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	: 2	24	OF		65
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. Robert Graham MD		Date of Receipt
Mailing Address 1135 Fort View PI		M = M / D = D / Y = Y = Y = Y = 1
City Cincinnati	State Zip Code OH 45202-1713	Transaction ID : C1866582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer George Washington Clinic Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Michael H Hartsell MD Mailing Address 1404 Tusculum Blvd MOB # 3 Suite 2100	Stata Zin Code	Date of Receipt 11 12 2012
City Greeneville	State Zip Code TN 37745-4329	Transaction ID : C1866583 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Summit Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1365.00	
Full Name (Last, First, Middle Initial) 2. Jeffrey Allen Harwood MD		Date of Receipt
Mailing Address PO BOX 125 187 West Main Street		10 22 2012
City New London	State Zip Code OH 44851-0125	Transaction ID : C1854076 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional).		830.00
TOTAL This Period (last page this line numb	er only)	

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	ng the name and address of any political committee	
, , ,	ily Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Lori J Heim MD		Date of Receipt
Mailing Address 250 Hollybrook Farm Lr		10 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID : C1860215
Vass	NC 28394-8952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	112.00
Name of Employer	Occupation	
Scotland Memorial Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	784.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		10 18 2012
City	State Zip Code	Transaction ID : C1865651
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	\dashv
Sioux Valley Health Systems	Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	3100.00	
Full Name (Last, First, Middle Initial)	I	Date of Receipt
Mailing Address 100 Mac Ln		M = M / D = D / Y = Y = Y
City	State Zip Code	10 31 2012 Transaction ID : C1861169
Pierre	SD 57501-3391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Avera Medical Group Pierre	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (option	nal)	512.00
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TOTAL This Period (last page this line nu	mher only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Joseph M Jeu MD Date of Receipt Mailing Address 3958 Leap Rd Ste 101 2012 10 22 City Zip Code State Transaction ID: C1853841 OH Hilliard 43026-3107 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Hilliard Family Medicine, Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carol Ann Johnson MD Date of Receipt Mailing Address 5303 E 46th St N 10 2012 29 City State Zip Code Transaction ID: C1866626 KS Bel Aire 67220-1400 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Family Physicians of Kansas Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Andrew Johnson MD Date of Receipt Mailing Address 1286 Santa Fe Ct 2012 10 18 City Zip Code State Transaction ID: C1850440 NV Minden 89423-8899 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation Carson Tahoe Physicians Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) 927.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the **Detailed Summary Page**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) David Andrew Johnson MD Date of Receipt Mailing Address 1286 Santa Fe Ct 2012 City State Zip Code Transaction ID: C1868837 NV Minden 89423-8899 Amount of Each Receipt this Period FEC ID number of contributing C 62.50 federal political committee. Name of Employer Occupation Physician Carson Tahoe Physicians Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica Johnson Date of Receipt Mailing Address 38 Hall St 2012 11 15 City State Zip Code Transaction ID: C1868499 CT Newington 06111-2553 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation None Medical Student Receipt For:

Full Name (Last, First, Middle Initial) C. Philip Kaplan MD		Date of Receipt
Mailing Address 4303 Watervale Rd		10 25 2012
City	State Zip Code	Transaction ID : C1859274
Manlius	NY 13104-8413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	

Aggregate Year-to-Date ▼

505.00

240.00

352.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Primary

Primary

Other (specify)

Other (specify)

General

General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) James Darrel King MD Date of Receipt Mailing Address 270 E Court Ave Ste B 10 2012 City State Zip Code Transaction ID: C1850953 TN 38375-2304 Selmer Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Primecare Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas A Kintanar MD Date of Receipt Mailing Address 10020 Dupont Circle Ct Ste 110 10 2012 24 City State Zip Code Transaction ID: C1858064 Fort Wayne IN 46825-1621 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Associated Family Medical Consultants Physician Receipt For: Aggregate Veer to Date

Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Laura C Knobel MD Mailing Address 3 Freedom Way	State Zip Code	Date of Receipt 11 17 2012
City Walpole FEC ID number of contributing federal political committee.	State Zip Code MA 02081-2290	Transaction ID: C1868791 Amount of Each Receipt this Period 150.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

765.00

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	ily Physicians Political Action Comm	ıttee
Full Name (Last, First, Middle Initial) Marianne C LaBarbera MD		Date of Receipt
Mailing Address 1776 Richmond Rd		10 23 2012
City	State Zip Code	Transaction ID : C1856079
Staten Island	NY 10306-2578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.62
Name of Employer	Occupation	_
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	319.34	
Full Name (Last, First, Middle Initial) Marianne C LaBarbera MD		Date of Receipt
Mailing Address 1776 Richmond Rd		11 23 2012
City	State Zip Code	Transaction ID : C1870100
Staten Island	NY 10306-2578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	45.62
Name of Employer	Occupation	\dashv
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	319.34	
Full Name (Last, First, Middle Initial)		Date of Receipt
·		Date of Receipt
Mailing Address 1905 Chapel Cv Ste 340		10 18 _ 2012 _
City	State Zip Code	Transaction ID : C1850951
Rowlett	TX 75088-1571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Baylor Family Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (option	nal)	456.24
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	nd Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) 1. Jay Won Lee MD		Date of Receipt
Mailing Address 450 E Spring St Ste 1		10 23 2012
City	State Zip Code	Transaction ID : C1857660
Long Beach	CA 90806-1625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
UC Irvine School of Medicine	Associate Clinical Professor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) John Lentini DO		Date of Receipt
Mailing Address 382 Grove St		10 23 _ 2012 _
City	State Zip Code	Transaction ID : C1855760
Braintree	MA 02184-7324	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
Braintree Fam Physicians	Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Paula Leonard-Schwartz MD		Date of Receipt
Mailing Address 121 Madeline Rd		10 23 _ 2012 _
City	State Zip Code	Transaction ID : C1854570
Manchester	NH 03104-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Catholic Medican Center	Physician	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.00	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)	1730.00
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TOTAL This Period (last page this line number	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	3	31	OF	65
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or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm MD Mailing Address 615 S Mill St		Date of Receipt
City Fergus Falls	State Zip Code MN 56537-2756	10 30 2012 Transaction ID : C1860216
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 375.00
Name of Employer Lake Region Medical Group Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Andrew Lutzkanin Mailing Address 1835 Blacklatch Ln	•	Date of Receipt
City Middletown	State Zip Code PA 17057-2984	Transaction ID : C1858110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer Reading Hosp Reading HIth Sys Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Andrew Lutzkanin	•	Date of Receipt
Mailing Address 1835 Blacklatch Ln	State Zin Code	11 24 2012
City Middletown	State Zip Code PA 17057-2984	Transaction ID : C1870118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer Reading Hosp Reading HIth Sys	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	NI)	448.00
TOTAL This Period (last page this line num	nber only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Colleen C Lyons MD Date of Receipt Mailing Address 2874 N Carson St Ste 127 2012 20 City Zip Code State Transaction ID: C1868957 NV 89706-1681 Carson City Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Self-Employed Family Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ada Maria Marin MD Date of Receipt Mailing Address PO BOX 177109 2012 11 21 City State Zip Code Transaction ID: C1870258 CA San Diego 92177-0109 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Metro Family Physicians Medical Group, Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Renee L Markovich MD Date of Receipt Mailing Address Akron General Center for Family Me 10 22 2012 400 Wabash Ave City Zip Code State Transaction ID: C1854103 OH Akron 44307-2433 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Akron General Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1165.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER:					PAGE	= 3	33	OF		65
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee		
Full Name (Last, First, Middle Initial) A. Pamela H McDonald MD		Date of Receipt		
Mailing Address 6056 44th Ave NE		11 09 2012		
City	State Zip Code	Transaction ID : C1864106		
Seattle	WA 98115-7514	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation			
Self Employed	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt		
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y		
100 Serendipity Dr City	State Zip Code	10 18 2012		
Brent	AL 35034-0289	Transaction ID : C1850139		
_	- NE 33034-0203	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		25.00		
Name of Employer	Occupation			
Self Employed	Physician			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	1125.00			
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt		
Mailing Address PO Box 289 100 Serendipity Dr		10 25 2012		
City	State Zip Code	Transaction ID : C1859277		
Brent	AL 35034-0289	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation			
Self Employed	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	1125.00			
SUBTOTAL of Receipts This Page (optional) >	300.00		
TOTAL This Period (last page this line numl	per only)			

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	he name and address of any political committee to			
NAME OF COMMITTEE (In Full)				
American Academy of Family	Physicians Political Action Commit	tee		
Full Name (Last, First, Middle Initial) 1. John S Meigs MD		Date of Receipt		
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y		
100 Serendipity Dr		10 25 2012		
City	State Zip Code	Transaction ID : C1859278		
Brent	AL 35034-0289	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	†		
Self Employed	Physician			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	1125.00			
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt		
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y		
100 Serendipity Dr		10 31 2012		
City	State Zip Code	Transaction ID: C1861209		
Brent	AL 35034-0289	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	1		
Self Employed	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	1125.00			
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt		
Mailing Address PO Box 289 100 Serendipity Dr		11 09 2012		
City	State Zip Code	Transaction ID : C1865021		
Brent	AL 35034-0289	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	1		
Self Employed				
Receipt For:	Aggregate Year-to-Date ▼]		
Primary General				
Other (specify) ▼	1125.00			
SUBTOTAL of Receipts This Page (optional)		75.00		
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TOTAL This Period (last page this line number	r only)			

FOR LINE NUMBER:			PAGE	3	35	OF	65		
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial) 1. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr		11 20 2012
City	State Zip Code	Transaction ID : C1868968
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify)	1125.00	
Full Name (Last, First, Middle Initial) Andrew J Merritt MD		Date of Receipt
Mailing Address 28 1/2 E Main St		M = M / D = D / Y = Y = Y
City	State Zip Code	10 24 2012
Marcellus	NY 13108-1226	Transaction ID : C1858174
	13100-1220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self -Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) E Bradford Bradford Meyers MD)	Date of Receipt
Mailing Address PO Box 414		M = M / D = D / Y = Y = Y
152 W Garland St		11 16 2012
City	State Zip Code	Transaction ID : C1868737
Jefferson	WI 53549-0414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
Rockwood Family Health LLC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line numb	er only)	
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NAME OF COMMITTEE (In Full)	too			
/ American Academy of Fami	ly Physicians Political Action Commit	Tee		
Full Name (Last, First, Middle Initial) A. Elisaebth Fowlie Fowlie Mock MD	Full Name (Last, First, Middle Initial) Elisaebth Fowlie Fowlie Mock MD			
Mailing Address 46 Clark Hill Rd	10 28 2012			
City	State Zip Code	Transaction ID : C1860123		
Holden	ME 04429-7253	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation	-		
Eastern Maine Medical Center	Family Physician			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	365.00			
Full Name (Last, First, Middle Initial) Anne M Montgomery MD		Date of Receipt		
Mailing Address 1708 S Martin St	10 20 2012 _			
City	State Zip Code	Transaction ID : C1853211		
Spokane	WA 99203-3751	Amount of Each Receipt this Period		
FEC ID number of contributing				
federal political committee.	C	250.00		
Name of Employer	Occupation	-		
self	physician			
Receipt For:		-		
Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	2500.00			
Full Name (Last, First, Middle Initial)	'	Date of Receipt		
Mailing Address 311 8th Ave		10 22 2012		
City	State Zip Code	Transaction ID : C1853510		
Saint Albans	WV 25177-2855	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation	-		
Self	Physician	_		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	500.00			
		1115.00		
SUBTOTAL of Receipts This Page (option	al) >	1115.00		
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FOR LINE NUMBER:					PAGE	3	37	OF		65
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NAME OF COMMITTEE (In Full)		
igr > American Academy of Family P	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) Jennifer Leigh Mullendore MD		Date of Receipt
Mailing Address 175 S Lexington Ave Unit 206		11 12 _ 2012 _
City	State Zip Code	Transaction ID : C1862289
Asheville	NC 28801-3628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Buncombe County	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. Susan Murphey MD		Date of Receipt
Mailing Address 151 Eastbrook Dr		11 14 2012
City	State Zip Code	Transaction ID : C1866606
Boone	NC 28607-3667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C. LeeAnna Irvine Muzquiz MD		Date of Receipt
Mailing Address 38580 Dubay Road		10 22 2012 _
City	State Zip Code	Transaction ID : C1854101
Polson	MT 59860-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Confederated Salish & Kootenai Tribes	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1095.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	3	38	OF	65				
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	13		14		15		16		17

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SUBTOTAL of Receipts This Page (optional)		7	Ι	Ξ	7	I	1225	
TOTAL This Period (last page this line number only)		7	Ι	Ι	7	I		

1125.00

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify)

Receipt For:

UNIVERSITY OF ILLINOIS COLLEGE OF MED

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Full Name (Last, First, Middle Initial) Maureen O Padden MD, MPH Mailing Address 2300 E St Nw Bureau Of Medicine And S City Washington	Surgery State Zip Code DC 20372-0001	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer US Navy Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 385.00	35.00
Full Name (Last, First, Middle Initial) Adriana Rose Padilla MD Mailing Address 845 W Princeton Ave		Date of Receipt 11 05 2012
City	State Zip Code	Transaction ID : C1861736
FEC ID number of contributing federal political committee.	CA 93705-4533	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Cornell Peters MD		Date of Receipt
Mailing Address 1051 Pio Nono Ave Ste A Macon Family Health Cer	nter	Date of Receipt 10 31 2012
City Macon	State Zip Code GA 31204-4016	Transaction ID : C1861208 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer	Occupation	-
Macon Family Health Center	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Larry Pheifer Mailing Address 210 Green Bay Rd Executive Dir WI AFP		Date of Receipt 10 24 2012
City	State Zip Code	10 24 2012 Transaction ID : C1858190
Thiensville	WI 53092-1616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Chapter Executive	Occupation WI AFP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Kami S Phillips MD Mailing Address 25 Fieldstone Dr		Date of Receipt
	Otata 7in Oc. In	10 23 2012
City Gardner	State Zip Code MA 01440-1283	Transaction ID : C1855759 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C. Francis L Pisney MD	<u>'</u>	Date of Receipt
Mailing Address 322 1/2 College Ave		11 05 2012
City Iowa Falls	State Zip Code IA 50126-2106	Transaction ID : C1861737 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	_
Ellsworth Hospital	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	
SUBTOTAL of Receipts This Page (optional)		1095.00
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NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Christine C Ponzio MD Mailing Address PO Box 646 1007 Iverson Circle City Salinas FEC ID number of contributing federal political committee. Name of Employer Gonzales Medical Group Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code CA 93902-0646 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 11 20 2012 Transaction ID: C1868955 Amount of Each Receipt this Period 250.00
Mailing Address 2460 Pine St		Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City Bakersfield	State Zip Code CA 93301-2742	Transaction ID : C1850439
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer KP-SCPMG	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Michelle Quiogue MD		Date of Receipt
Mailing Address 2460 Pine St		11 18 2012
City Bakersfield	State Zip Code CA 93301-2742	Transaction ID : C1868836 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
KP-SCPMG	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	al)	310.00
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NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Sterling N Ransone MD Mailing Address 151 Deer Path		Date of Receipt
P O Box 711		10 24 2012
City	State Zip Code	Transaction ID : C1858188
Cobbs Creek	VA 23035-0711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Riverside Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Raymond Randolph Reese MD	•	Date of Receipt
Mailing Address 1108 Terrell St	Chaha 7in Cada	10 31 2012
City	State Zip Code TX 77954-3458	Transaction ID : C1861193
Cuero	TX 77954-3458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.25	
Full Name (Last, First, Middle Initial) C. Leonard Daniel Reeves MD		Date of Receipt
Mailing Address GA Health Sciences Univ M Heritage hall 415 E Third Av	enue	10 23 / 2012
City Rome	State Zip Code GA 30161	Transaction ID : C1855761
-	30101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
GHSU	Physician-Asst Dean	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		957.00
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	X	11a		11b		11c	12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Michael S Reeves MD Date of Receipt Mailing Address 10821 Forest Dr 10 31 2012 City State Zip Code Transaction ID: C1861179 ΑK Anchorage 99516-1393 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Medical Park Family Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth K Renwick MD Date of Receipt Mailing Address PO BOX 190 2012 11 12 City State Zip Code Transaction ID: C1862291 Soulsbyville CA 95372-0190 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Indian Health Center Physician Receipt For: Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) C. Randy J Rice MD		Date of Receipt
Mailing Address 4570 County Road 61		10 24 2012
City	State Zip Code	Transaction ID : C1858149
Moose Lake	MN 55767-9401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Gateway Family Health Clininc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	

300.00

365.00

SUBTOTAL of Receipts This Page (optional)		,		7	81	5.00	
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Other (specify)

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		10 23 2012
City	State Zip Code	Transaction ID : C1854548
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.33
Name of Employer	Occupation	1
Wright State University BSM	Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	666.66	
Full Name (Last, First, Middle Initial) Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		M = M / D = D / Y = Y = Y
City	State 7'- Code	11 23 2012
City	State Zip Code	Transaction ID : C1870101
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	333.33
Name of Employer	Occupation	1
Wright State University BSM	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	666.66	
Full Name (Last, First, Middle Initial) C. Glenn Sumner Rodriguez MD		Date of Receipt
Mailing Address 0235 SW Canby St		10 24 2012
City	State Zip Code	Transaction ID : C1858182
Portland	OR 97219-2947	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Providence Health Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00.0	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).		1166.66
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Daniel E Roth MD Mailing Address 410 30th St		Date of Receipt				
City	State Zin Code	10 22 2012				
City San Francisco	State Zip Code CA 94131-2307	Transaction ID : C1853509				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00				
Name of Employer	Occupation					
Pacific Family Practice	Physician					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00					
Full Name (Last, First, Middle Initial) Paul David Salzberg MD	'	Date of Receipt				
Mailing Address PO BOX 898		M = M / D = D / Y = Y = Y				
City	State Zip Code	11 10 2012 Transaction ID : C1865370				
Callicoon	NY 12723-0898	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer	Occupation					
Self-Employed	Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00					
Full Name (Last, First, Middle Initial)	<u> </u>					
Sarah L Sams MD		Date of Receipt				
Mailing Address 2994 Frazell Rd City	State Zip Code	10 20 2012				
Hilliard	OH 43026-9785	Transaction ID : C1865653 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer	Occupation					
Ohio Health	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1100.00					

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Sarah L Sams MD Date of Receipt Mailing Address 2994 Frazell Rd 20 2012 City Zip Code State Transaction ID: C1875043 OH 43026-9785 Hilliard Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Physician Ohio Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lise K Satterfield MD Date of Receipt Mailing Address 1905 Corbridge Ln 20 2012 11 City State Zip Code Transaction ID: C1868953 MD Monkton 21111-2027 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Clinical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Madalyn Schaefgen MD Date of Receipt Mailing Address 1025 Newgate Dr 2012 10 24 City State Zip Code Transaction ID: C1858183 PΑ Allentown 18103-9263 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Physician Lehigh Valley Physician Group Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 715.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Christine C Schaller MD Mailing Address 77 Poplar Dr City Grangeville FEC ID number of contributing federal political committee. Name of Employer Valley Medical Center Receipt For: Primary General Other (specify)	State Zip Code ID 83530 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 11 12 2012 Transaction ID: C1862292 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Erika Schillinger MD Mailing Address PO Box 620685 City Woodside FEC ID number of contributing federal political committee. Name of Employer Stanford University Receipt For: Primary General Other (specify)	State Zip Code CA 94062-0685 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 11 21 2012 Transaction ID : C1870327 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Paula L Schultz MD Mailing Address PO BOX 729 City Woodville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75979-0729 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 11 20 2012 Transaction ID : C1868949 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	>	400.00

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NAME OF COMMITTEE (In Full)	Dhysisiana Dalkiaal Astiss C	400
/ American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Larry A Severa MD		Date of Receipt
Mailing Address 61 Calendula Ct		10 24 2012
City	State Zip Code	Transaction ID : C1858153
Billings	MT 59105-2379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Billings Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggrogato Total to Date ¥	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Linda Marie Siy MD		Date of Receipt
Mailing Address 4133 Bilglade Rd		10 30 _2012 _
City	State Zip Code	Transaction ID : C1860213
Fort Worth	TX 76109-5436	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	36.50
Name of Employer	Occupation]
University of North Texas Health Scien	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	292.00	
Full Name (Last, First, Middle Initial) Lisa Gail Soldat MD		Date of Receipt
Mailing Address 6940 NW Beaver Dr		M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
City	State Zip Code	Transaction ID : C1869058
Johnston	IA 50131-1246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Broadlawns Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	415.00	
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Windel A Stracener MD		Date of Receipt
Mailing Address 1333 Hunters Pointe Dr		1,1 08 2012
City Richmond	State Zip Code IN 47374-7184	Transaction ID : C1862298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	187.50
Name of Employer Inpatient Management Inc	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.50	
Full Name (Last, First, Middle Initial) Michael P Temporal MD Mailing Address 180 S 3Rd St Ste 400		Date of Receipt 11 13 2012
City Belleville	State Zip Code IL 62220-1952	Transaction ID : C1865570 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer So. Illinois Healthcare Foundation	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. William James Thrift MD		Date of Receipt
Mailing Address 2501 N Woodland Hills Dr		10 23 2012
City Prescott	State Zip Code AZ 86305-4096	Transaction ID : C1857661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed - Emergency Medical Cont	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		602.50
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	ly Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Kimberly L Tjaden MD		Date of Receipt
Mailing Address 1490 Riverside Ave N		10 25 2012
City	State Zip Code	Transaction ID : C1859239
Sartell	MN 56377-2348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Pamela W Tuck MD	<u> </u>	Date of Receipt
Mailing Address 4135 Atlanta Hwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	11 08 2012 Transaction ID : C1862297
Montgomery	AL 36109-3022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Lisa Maria Ward MD		Date of Possint
Mailing Address 1223 Janet Way		Date of Receipt
City	State Zip Code	Transaction ID : C1861175
Santa Rosa	CA 95405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
UC Davis	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) E Mark Watts MD Date of Receipt Mailing Address 2726 Cornwallis Ave SE 2012 21 City Zip Code State Transaction ID: C1870346 VA Roanoke 24014-3342 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Cavilier Faculty Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lise S Weisberger MD Date of Receipt Mailing Address 9509 Kedvale Ave 20 2012 11 City State Zip Code Transaction ID: C1868964 IL Skokie 60076-1424 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Advocate Health Family Practice Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shawn Harper Dic West MD Date of Receipt Mailing Address 7315 212th St Sw Ste 101 2012 **EDMONDS FAMILY MEDICINE** 10 31 City Zip Code State Transaction ID: C1861176 WA Edmonds 98026-7610 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Family Physician Puget Sound Family Physicians Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify)

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD Mailing Address 59 Tipton Dr City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Chestatee Regional Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code GA 30533-1603 C Occupation Physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt 11 17 2012 Transaction ID: C1868792 Amount of Each Receipt this Period 250.00
Patricia R Witte MD Mailing Address 335 W Doty St Apt 302 City Madison FEC ID number of contributing federal political committee. Name of Employer Group Health Cooperative Receipt For: Primary Other (specify) ▼	State Zip Code WI 53703-3147 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 11 14 2012 Transaction ID: C1866611 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 OF 65 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Pl	hysicians	Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ans		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	,		M M / D D / Y Y Y Y Y
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C1850952 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		58.23
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 8083.50	
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physic	cians		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy			11 13 2012
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C1888071 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		662.83
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 8083.50	
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	Name of Employer	Occupation	1	
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	Mailing Address PO Box 53852				ĪŪ			9		2012					
	City	State	Zip Code					rone	2001	ion ID		138867			
	Phoenix	AZ	85072-3852					Ians	sacı	וטוו ווטו	· . D	130007			
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	Office Sought: House Disbursen	nent For:													
	Senate	Primary	General												
	State: District:	Other (spec	CITY) $lacksquare$												
_	Full Name (Last, First, Middle Initial)														
В.	American Express						Da	te o	f Di	sburse	eme	nt			
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	Mailing Address PO Box 53852							10		2	22		2012		
	City S	State	Zip Code								_				
	Phoenix	AZ	85072-3852				T	rans	sact	ion IL) : D	138868			
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	Senate	Primary	General												
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	NAME OF COMMITTEE (In Full)												
	American Academy of Family Phys	icians F	Political Action	on Com	nmitte	ee							
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Α.	American Express					Date of Disbursement							
	Mailing Address PO Box 53852					10 23 2012							
	,	State	Zip Code			Trans	action ID	: D138870					
	Purpose of Disbursement	AZ	85072-3852										
	Bank card processing fee					Amount	of Each	Disbursem	ent this	Period			
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	President	Other (spe	cify) 🔻										
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R	Full Name (Last, First, Middle Initial)					Data of	Disburse	mont					
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	Mailing Address PO Box 53852					10	2	26	2012	Y			
	City S	State AZ	Zip Code 85072-3852			Trans	action ID	: D138871					
	Purpose of Disbursement Bank card processing fee				\neg	Amount	of Each	Disbursem	ent this	Period			
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	State: District:												
C.	Full Name (Last, First, Middle Initial) American Express					Date of	Disburse	ement					
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	Phoenix	State AZ	Zip Code 85072-3852			Trans	action ID	: D138872					
	Purpose of Disbursement Bank card processing fee												
	Candidate Name		Categoi Type		Amount	of Each	Disbursem		Period 7.35				
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Office Sought: House Disbursem	nent For:											
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Full Name (Last, First, Middle Initial)												
C. Bank Of America Merchant Service	es .				Date o	_	ourser		Υ	Y	Υ	
Mailing Address WA2-505-01-40 PO Box 2485					11		01	4		2012		
,	State WA	Zip Code 99210-2485			Trans	sactio	n ID	: D13	39792			
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Bank card processing fee			l	ш	Amoun	nt of E	ach [Disbu	ırsemei	nt this	Perio	od
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TOTAL This Period (last page this line number only).				<u> </u>					7	714	.48	

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NAME OF COMMITTEE (In Full)	me and add				
American Academy of Family Phy					- Sur Committee
Full Name (Last, First, Middle Initial)				Data of Dislaman	
CHRISTIE VILSACK FOR IOWA		Date of Disbursem	_		
Mailing Address PO Box 641		10 26	2012		
City					
Ames Purpose of Disbursement	IA	50010-0641		Transaction ID :	2.0000
Campaign contribution				Amount of Each D	isbursement this Period
Candidate Name			Category/		2500.00
Ms. Christie Vilsack			Type		2500.00
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	X General			
State: IA District: 04					
Full Name (Last, First, Middle Initial) 3. JOHN S FUND				Date of Disbursem	nent
Mailing Address 499 S Capitol St SW				10 26	2012
Ste 420					
City Washington	State DC	Zip Code 20003-4027		Transaction ID :	D138649
Purpose of Disbursement Campaign contribution				Amount of Each D	hisbursement this Period
Candidate Name			Category/ Type		1500.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼	71		
Full Name (Last, First, Middle Initial) PAC TO THE FUTURE				Date of Disbursem	
Mailing Address 700 13th St NW Ste 600				10 24	2012
City Washington	State DC	Zip Code 20005-3960		Transaction ID :	D138580
Purpose of Disbursement Voided check					
Candidate Name			Category/ Type	Amount of Each D	isbursement this Period -5000.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼	туре		
SUBTOTAL of Disbursements This Page (optional).			·····		-1000.00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 61 OF 65						
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	e(s) (check only	y one)					
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NAME OF COMMITTEE (In Full)	niciona Dalitical A	otion Commit	too					
American Academy of Family Phys	Sicians Political A	cuon Commit						
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A. PAC TO THE FUTURE		Date of Disbursement						
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Ste 600			2012					
City	State Zip Code		Transaction ID : D138581					
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Candidate Name		Cotamani	and the state of t					
		Category/ Type	5000.00					
Office Sought: House Disburser	ment For:							
Senate	Primary General	al						
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) B. CATHY MCMORRIS RODGERS F			Date of Disbursement					
B. CATHY MCMORRIS RODGERS F	OK CONGRESS	•						
Mailing Address Box 137			10 26 2012					
,	State Zip Code		Transaction ID : D138650					
Spokane Purpose of Disbursement	WA 99210		1					
Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		0.00	our of East Dissursonion this i chou					
Rep. Cathy McMorris Rodgers		Category/ Type	1500.00					
	ment For: 2012	71 21 2						
Senate	Primary Genera	al						
President	Other (specify) ▼							
State: WA District: 05								
Full Name (Last, First, Middle Initial)	00 001105=05	11.10	Date of Dishurzania					
C. CHARLES BOUSTANY JR. MD FO	OR CONGRESS,	INC.	Date of Disbursement					
Mailing Address PO Box 80126	Mailing Address PO Roy 80126							
			11 13 2012					
City	State Zip Code		Transaction ID : D139029					
Lafayette	LA 70598		Transaction ib . D133029					
Purpose of Disbursement Campaign contribution runoff								
Candidate Name		السيا	Amount of Each Disbursement this Period					
Rep. Charles Boustany Jr.		Category/ Type	5000.00					
·	ment For: 2012	1 ype						
Senate	Primary General	al						
President	Other (specify) ▼							
State: LA District: 07	Runof	f						
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 62 OF 65						
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NAME OF COMMITTEE (In Full)								
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Full Name (Last, First, Middle Initial)								
A. WHITFIELD FOR CONGRESS C	OMMITTEE		Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address P.O. BOX 391			10 26 2012					
City	State Zin Code							
HOPKINSVILLE	State Zip Code KY 42241		Transaction ID: D138653					
Purpose of Disbursement								
Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
Rep. Edward Whitfield		Type	2500.00					
	ement For: 2012							
Senate President	Primary							
State: KY District: 01	Other (specify)							
Full Name (Last, First, Middle Initial)								
B. STIVERS FOR CONGRESS			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 4679 Winterset Drive			10 26 2012					
City Columbus	State Zip Code OH 43220		Transaction ID : D138652					
Purpose of Disbursement	43220							
campaign contributon			Amount of Each Disbursement this Period					
Candidate Name		Category/	500.00					
Rep. Steve Stivers		Type	500.00					
	ement For: 2012							
Senate President	Primary General							
State: OH District: 15	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
c. GRAVES FOR CONGRESS			Date of Disbursement					
			M M / D D / Y Y Y					
Mailing Address PO BOX 335			10 26 2012					
011	01-1- 7"- 0-1-							
City CALHOUN	State Zip Code GA 30703		Transaction ID : D138654					
Purpose of Disbursement	00700							
Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	2000.00					
Rep. Tom Graves		Type	2000.00					
	ement For: 2012							
Senate President	Primary							
State: GA District: 09	_ onlor (apeoliy) ▼							
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 63 OF 65				
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NAME OF COMMITTEE (In Full)							
American Academy of Family Phy	sicians Political Act	ion Committ	ee				
/							
Full Name (Last, First, Middle Initial)							
A. MCCONNELL SENATE COMMIT	TEE '14		Date of Disbursement				
Mailing Address DO DOV 4400			M M / D D / Y Y Y Y Y				
Mailing Address PO BOX 1496			11 14 2012				
City	State Zip Code						
LOUISVILLE	KY 40201		Transaction ID : D139038				
Purpose of Disbursement							
Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Sen. Mitch McConnell		Туре	2500.00				
Office Sought: House Disburs	ement For: 2014						
X Senate	Primary General						
President	Other (specify)						
State: KY District: 00							
Full Name (Last, First, Middle Initial)							
B. MCCONNELL SENATE COMMIT	TEE '14		Date of Disbursement				
Mailing Address DO DOV 4400			M M / D D / Y Y Y Y				
Mailing Address PO BOX 1496			11 14 2012				
0.1	State Zip Code						
City							
City LOUISVILLE	KY 40201		Transaction ID : D139039				
LOUISVILLE Purpose of Disbursement			Transaction ID : D139039				
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LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name		Category/	Amount of Each Disbursement this Period				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell	KY 40201	Category/ Type					
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Disburs	KY 40201 ement For: 2014		Amount of Each Disbursement this Period				
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LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Senate President	KY 40201 ement For: 2014		Amount of Each Disbursement this Period				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Disburs Senate President State: KY District: 00	ement For: 2014 Primary General		Amount of Each Disbursement this Period				
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LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Disburs Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C.	ement For: 2014 Primary General		Amount of Each Disbursement this Period 2500.00				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Disburs Senate President State: KY District: 00	ement For: 2014 Primary General		Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Disburs Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C.	ement For: 2014 Primary General		Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City	ement For: 2014 Primary General Other (specify)		Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
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LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement	ement For: 2014 Primary General Other (specify)		Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
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LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name	ement For: 2014 Primary General Other (specify) State Zip Code	Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburs	ement For: 2014 Primary General Other (specify) State Zip Code	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate Senate	ement For: 2014 Primary General Other (specify) State Zip Code ement For: Primary General	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Senate President Candidate Name	ement For: 2014 Primary General Other (specify) State Zip Code	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate Senate	ement For: 2014 Primary General Other (specify) State Zip Code ement For: Primary General	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: Disburs Senate President State: Disburs	ement For: 2014 Primary General Other (specify) State Zip Code ement For: Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House Senate President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Senate President Candidate Name	ement For: 2014 Primary General Other (specify) State Zip Code ement For: Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period				
LOUISVILLE Purpose of Disbursement Campaign contribution Candidate Name Sen. Mitch McConnell Office Sought: House President State: KY District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: Disburs Senate President State: Disburs	ement For: 2014 Primary General Other (specify) State Zip Code ement For: Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 64 OF 65						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.					
II LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 23 24 25 26					
	Detailed Summary Page	27	X 28a 28b 28c 29 30b					
Any information copied from such Reports and State	nents may not be sold or us	sed by any nerse						
or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
American Academy of Family Phys	sicians Political Action	on Committ	tee					
Full Name (Last, First, Middle Initial)								
A. Dr. Salvatore Bernardo Md Bernar	do MD		Date of Disbursement					
Mailing Address 131 Pin Oak Rd			11 14 2012					
Mailing Address 131 PIII Oak Rd			11 14 2012					
City	State Zip Code							
Freehold	NJ 07728-9313		Transaction ID: D139045					
Purpose of Disbursement								
Refund of incorrectly entered donation			Amount of Each Disbursement this Period					
Candidate Name		Category/	500.00					
Office Sought: House Distance	nont For:	Туре	000.00					
Office Sought: House Disburse	nent For: Primary General							
President	Other (specify)							
State: District:	(opson)/ *							
Full Name (Last, First, Middle Initial)								
B. Dr. Patricia A Czapp MD			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address 102 Melvin Ave			10 31 2012					
-								
,	State Zip Code MD 21401-1221		Transaction ID : D138718					
Annapolis Purpose of Disbursement	21401-1221							
Refund of contribution made on 10.18.12			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type	500.00					
Office Sought: House Disburse	ment For:							
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Date of Disbursement					
C. Dr. Michael Wayne Montesi MD								
Mailing Address 810 E Sunflower Rd			10 22 2012					
Ste 100A								
City	State Zip Code		Transaction ID : D138469					
Cleveland	MS 38732-2828		านแรนงแบบ . มารถ403					
Purpose of Disbursement Refund for donation incorrectly entered on 10.17.12	2							
Candidate Name			Amount of Each Disbursement this Period					
Candidate Manie		Category/ Type	365.00					
Office Sought: House Disburse	ment For: 2012	Type						
Senate	Primary General							
President	Other (specify)							
State: District:	· · · · · · · · · · · · · · · · · · ·							
SUBTOTAL of Disbursements This Page (optional)			1365.00					
		<u> </u>						
TOTAL This Period (last page this line number only								

SCHEDULE B (FEC Form 3X)	Hoo concrete estimated.	I	IE NUMBER: PAGE 65 OF 65					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30				
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or use ne and address of any political	ed by any persoal committee to	on for the purpose of solicit contributions	soliciting contributions from such committee.				
NAME OF COMMITTEE (In Full)	The state of any points							
American Academy of Family Phys	icians Political Actio	n Committ	ee					
Full Name (Last, First, Middle Initial) A. Dr. Gale J Skousen MD			Date of Disbursen	nent				
Mailing Address 630 E 770 S			11 26 2012					
,	State Zip Code		Transaction ID :	D139648				
Payson Purpose of Disbursement	UT 84651-1648							
Refund to donor			Amount of Each D	Disbursement this Period				
Candidate Name		Category/		50.00				
Office Sought: House Disburser	nent For:	Туре	7	00.00				
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) B.			Date of Disbursen	nent				
			M M / D D					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement			Amount of Foot 5	Disbursement this Period				
Candidate Name		Cotoros	Amount of Each L	visbursement this Period				
		Category/ Type						
Office Sought: House Disbursen								
Senate President	Primary General Other (specify) ▼							
State: District:	(open							
Full Name (Last, First, Middle Initial)			Date of Distance	aont.				
C.			Date of Disbursen					
Mailing Address		M M / D D						
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount of Each D	Disbursement this Period				
Office Sought: House Disburser	nent For:	туре						
	Primary General							
President State: District:	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)			45	50.00				
				1115.00				
TOTAL This Period (last page this line number only)			1	1415.00				